

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	
Filing Date	
First Named Inventor	DR. PIKIELNY
Title	MAGAZINE LIGHT
ART Unit	
Examiner Name	
Attorney Docket Number	1416 DOV - US

I hereby appoint:

☐ Practitioner associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
David Klein	41,118

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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OR

☐ The address associated with Customer Number: **32964**

OR

<input type="checkbox"/> Firm or Individual Name	Dekel Patent Ltd.		
Address	Beit HaRa'ia		
Address	18 Menucha VanNahala Street Room 27		
City	Be'erot	State	Zip 76209
Country	ISRAEL		
Telephone	972-8-949 5334	Fax	972-8-949 5323

I am this:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/88)

SIGNATURE of Applicant or Assignee of Record

Name	DR. PIKIELNY, D.		
Signature	<i>[Signature]</i>		
Date	17 March 2004	Telephone	972-9-955 5867

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the party which is to file (and USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)



Declaration
Submitted
With Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

1416DOV-US

First Named Inventor

DOV PIKIELNY

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MAGAZINE LIGHT

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☐ Customer Number: **32964** OR ☐ Correspondence address belowName **David Klein, Dekel Patent Ltd.**Address **Beit HaRof'im, 18 Manuha VeNahala Street, Room 27**City **Rehovot** State ZIP **76209**Country **ISRAEL** Telephone **972-8-9495334** Fax **972-8-9495323**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:☐ A petition has been filed for this unsigned inventorGiven Name (first and middle (if any)) **Dov**Family Name or Surname **PIKIELNY**Inventor's Signature Date **17 March**Residence: City **Herzliya** State Country **ISRAEL** Citizenship **ISRAEL**Mailing Address **7 Dov Hoz Street**City **Herzliya** State ZIP **46581** Country **ISRAEL****NAME OF SECOND INVENTOR:**☐ A petition has been filed for this unsigned inventorGiven Name (first and middle (if any)) Family Name or Surname Inventor's Signature Date Residence: City State Country Citizenship Mailing Address City State ZIP Country ☐ Additional inventor or a legal representative etc being named on the supplemental sheet(s) PTO/S&K/02A or 02LR will send hereto.

[Page 2 of 2]